

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

BR

PLAINTIFF	COURT CASE NUMBER 08C2142						
Shaun Matheny DEFENDANT	TYPE OF PROCESS S/C						
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Michael F.O'Leary, Warden, Will County Adult Detention Facility ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Will County Adult Det. Fac., 95 S. Chicago Street, Joliet, IL 60436						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<p>Shaun Matheny, #R-12775 Western-WST, R.R. 4, Box 196 Mt. Sterling, IL 62353</p>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>1</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form - 285	1	Number of parties to be served in this case	1	Check for service on U.S.A.	<input type="checkbox"/>
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Number of parties to be served in this case	1						
Check for service on U.S.A.	<input type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILEDFold

AUG 21 2008 TC
Aug 21, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		07-30-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	Td	Date 07-30-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Sgt. Montgomery, Will Co Sheriff Dept.	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 8/20/08	Time 3:35 pm
	Signature of U.S. Marshal or Deputy [Signature]	

Service Fee 144.00	Total Mileage Charges (including endeavors) 45.70	Forwarding Fee 0	Total Charges 189.70	Advance Deposits 0	Amount owed to U.S. Marshal or 189.70	Amount of Refund 0
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REMARKS:
1 DUSM, 3 hours, 93 miles Roundtrip